


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L01000002299 1. Entity Name CONTINENTAL LAND HOLDINGS, LLC |  |
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|--|--|
| Principal Place of Business 1861 PLACIDA RD SUITE 204 ENGLEWOOD, FL 34223 | Mailing Address 1861 PLACIDA RD SUITE 204 ENGLEWOOD, FL 34223 |
|--|--|

DO NOT WRITE IN THIS SPACE



01072007 No Chg-LLC

CR2E083 (11/05)

| | |
|---|--|
| 4. FEI Number 65-1075764 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

ITTERSAGEN, SCOTT D ESQ
1861 PLACIDA RD
SUITE 204
ENGLEWOOD, FL 34223

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GUNDERSON, MIKO P 1861 PLACIDA ROAD, #204 ENGLEWOOD, FL 342234949 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DUFF, JAMES T 8252 WILTSHIRE BLVD PORT CHARLOTTE, FL 33981 |
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01/10/07-80078-006 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  1-7-07 (941) 380-3046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #